

Epilogue

by
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On March 1, 1954 following a detonation of a thermonuclear bomb, Rongalap and Utrik inhabitants, as well as American Servicemen were exposed to fallout. Several Marshallese had sufficient fallout material on their skins to produce Beta burns. The burns healed leaving scars in some individuals. There were significant decreases in white blood cell and platelet counts which ultimately returned to normal. There had been nausea, vomiting and diarrhea in some of the Marshallese which was not reported in the exposed Americans. The team that observed the exposed persons returned to the US when it became evident that the exposed persons were recovering from the effects of the fallout radiation.

On July 12-13 1954, Dr. John Bugher, Director, Division of Biology and Medicine of Atomic Energy Commission convened a meeting of all personnel that had observed the Rongalap and Utrik inhabitants caught in radiation fallout in order to discuss the future management of these Marshallese patients. He made it clear that the DBM-AEC would be responsible for the future observation and care of the Marshallese that had been exposed on Ailinginae, Rongerik and Utrik Atolls and that the Department of the Interior was responsible for general medical surveillance of the Marshallese on other atolls. It was decided that V.P. Bond would lead a team to survey the status of the Rongalap and Utrik inhabitants of the above atolls six months after the accident and that E.P. Cronkite lead a team 12 months after the accident. Dr. R.A. Conard assumed responsibility in 1956, for direction of the continuing Marshallese Medical Program involving those individuals exposed on Ailinginae, Sifo, Rongelap and Utrik under auspices of BNL. For 25 years, Dr. Conard guided the program with skill and diplomacy. There were some turbulent times, when through misunderstanding of the role of the BNL team, the Marshallese became uncooperative largely as a result of political problems.

There is no question that the radiation was responsible for skin burns, epilation, temporary suppression of hemopoiesis, thyroid hypofunction, thyroid tumors and probably responsible for the fatal case of acute leukemia. One can never be absolutely certain since it is not possible to tell the difference between spontaneous leukemia and radiation-induced leukemia. Based upon the extensive data collected in Japan on the survivors from the atomic bombs at Hiroshima and Nagasaki, it is most unlikely that further radiation effects will be observed in the Rongalap and Utrik inhabitants caught in radioactive fallout. However, there are problems traceable to the nuclear bomb testing in the Marshall Islands.